

Members (CEOs, CMOs, CFOs, COOs),

Here's the latest on state centralization and vaccine reimbursement. Let us know if you have questions.  
Thanks,

Louise

### **State Centralization – Counties in the lead, no hard deadlines, MyTurn options**

**County/State:** Rather than sign contracts with Blue Shield's TPA, counties will sign an MOU with the state for vaccine allocation and administration. Under the MOU, counties and Blue Shield will jointly coordinate distributions for all vaccine providers in the statewide network within each county. The County may also distribute portions of the vaccines it receives to county-supported sites. A letter from the state about the MOU is attached.

LADPH is finalizing an addendum to the MOU which further outlines how things will work moving forward. Of note:

- no current LADPH providers will be left out/not be able to get doses
- there is no hard deadline of sign or else no doses as long as entities are discussing and working in good faith to get on and deal with MyTurn or eHR systems issues. Blue Shield leadership has notified their staff to halt confusing messaging about deadlines.
- every provider will eventually need an agreement with the TPA

**FQHC Contract:** attached is the final contract language for CHCs to participate in the state network. If you have signed a previous version, please request a new agreement for signature. This will not impact your onboarding onto the new system. Note that under this agreement there are the 2 paths to MyTurn: eHR with API interface or full use of MyTurn.

**MyTurn:** CPCA is convening a small workgroup to work with Acenture on MyTurn workflows. API specs were sent to NextGen and eClinicalWorks this morning on 3/19/21.

### **Vaccine Reimbursement**

- **Medi-Cal: Still on Hold:** DHCS is committed to allowing both billable and non-billable providers to administer the vaccine and bill for the administration fee, but needs federal approval. DHCS submitted SPA [SPA 20-0040](#) to CMS requesting, among other things, approval for medical professionals (both billable and non-billable) with adequate training to administer vaccine outside of a traditional FQHC PPS visit. DHCS pulled the FQHC-specific elements out of SPA 20-0040 and re-submitted to CMS in SPA 21-0020. We are now waiting for CMS to approve SPA 21-

0020. Once DHCS secures federal approval, they will provide billing guidance for FQHCs. Until then:

- o Bill as normal if vaccine is administered as part of a PPS reimbursable visit.
- o FFS claims for the vaccine administration fee should be held until guidance is received.
  
- **New Medicare Rate: DHCS Will Match:** CMS [announced](#) early this week that the Medicare vaccine administration payment rate is increasing to \$40 per dose effective March 15.
- o Reimbursement for FQHCs will continue through the cost report. Medicare is expected to release a new cost report and guidance soon that includes a new line for the COVID vaccine, Medicare Advantage and antibody infusion.
- o Reportedly conversations are ongoing regarding interim or up-front payments to FQHCs for vaccine administration to Medicare beneficiaries - details, process and timeline TBD.
- o DHCS [has confirmed](#) that they plan to pay the increased vaccine administration rate in Medi-Cal.

### HRSA FQHC Vaccine Program

Some members report issues finding their VTrckS Information. This info is in *myCAvax* :

- If you are a single site/org receiving vaccine, you can likely find the VTrckS ID on the account Detail page.
- If you have multiple sites receiving vaccine, you may need to go into each site's record to retrieve the VTrckS ID. You can do this by:
  - o Logging in and going to the "locations" link
  - o You will then see a list of locations and should be able to click "View Section B Form"
  - o Once there, your VTrckS ID should be located right under your VFC PIN.